IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

 Applicants:
 LIAO et al.
 Docket No.:
 372465-01801

 Serial No.:
 10/784,113
 Art Unit:
 2676

 Filed:
 February 20, 2004
 Examiner:
 Cachera, Antonio A

For: APPROXIMATION OF LEVEL OF Confirm. No. 5256

DETAIL CALCULATION IN CUBIC
MAPPING WITHOUT ATTRIBUTE

MAPPING WITHOUT ATTRIBUTE DELTA FUNCTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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TRANSMITTAL FOR REQUEST FOR RECONSIDERATION &
AMENDMENT UNDER 37 CFR 1.111

ENCI	OSURES				
Transmitted herewith are the following documents for the above-referenced appli					
\boxtimes	11 Page Request for Reconsideration & Amendment Under 37 CFR 1.111; and Request for Extension of Time (3 months).				
STAT	us				
\boxtimes	Applicant is a large entity.				

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Large Entity	Small Entity		
	one month two months	\$ 120.00 \$ 450.00	\$ 60.00 \$225.00		
\bowtie	three months	\$1,020.00	\$510.00		
			Fee \$1,020.00		
\boxtimes	If an additional extension of time is required please consider this a petition therefore.				
	Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently				

CERTIFICATE OF ELECTROMIC TRANSMISSION (EFS)

CERTIFICATE OF TRANSMISSION BY ELECTRONIC FILING SYSTEM (EFS-WEI)

certificate holder that this correspondence (and all attachments intend) is being electropically filed with the U.S. Patent & Trademark Office,

Commissioner for Patents, P.O. Box 1450, Alexandra, VA 22213[4450] on:

overlooked the need for a petition for extension of time.

Date: September 18, 2006

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IV. FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	20	Minus *0*	20	0	x25=	\$0		x50=	\$0
Indep.	2	Minus *0*	3	0	x100=	\$0		x200=	\$0
☐ FIRST	PRESENTATION	OF MULTIPLE	DEP. CLAIM		+180=	\$0		x360=	\$0
					TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0

\boxtimes	No additional fee for claims required.
	Total additional fee for claims required \$

V. FEE PAYMENT

Please charge Deposit Account No. 50-2778 the sum of \$1,020 for the three (3) month extension of time fee.

VI. FEE DEFICIENCY

The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Respectfully submitted,

DECHERT LLP

Dated: September 18, 2006

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